



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re Application of

March 30, 2005

PHILIP P. SAWYER, DAVID A. MORGAN  
and DAVID LEE

Confirmation No. 7653

Serial No. : 10/645,832

Art Unit 3722

Filed : August 20, 2003

Examiner E. E. Cadugan

For : APPARATUS AND METHODS FOR  
DOUBLE ENDED PROCESSING

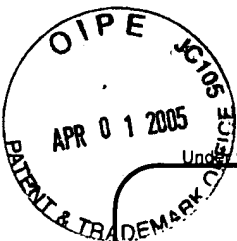
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Sir:

**RESPONSE TO RESTRICTION REQUIREMENT  
AND PRELIMINARY AMENDMENT**

In response to the Restriction Requirement dated March 14, 2005, please consider the following amendments and remarks:

<b>Claim Election</b>	Group I (claims 1-6)
<b>Amendments to the Specification</b>	None
<b>Amendments to the Claims</b>	Begin on page 2
<b>Amendments to the Drawings</b>	None
<b>Remarks</b>	Begin on page 5



*JPW*

PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/645,832	
	Filing Date	August 20, 2003	
	First Named Inventor	Philip P. Sawyer	
	Art Unit	3722	
	Examiner Name	Erica E. Cadugan	
Total Number of Pages in This Submission	6	Attorney Docket Number	PAI 309C

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return receipt postcard
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Kolisch, Hartwell, P.C.	
Signature	<i>Pierre C. Van Rysselberghe</i>	
Printed name	Pierre C. Van Rysselberghe	
Date	March 30, 2005	Reg. No. 33,557

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature	<i>Pamela A. Knight</i>	
Typed or printed name	Pamela A. Knight	Date March 30, 2005

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